PHA 5-Year and
Annual PlanU.S. Department of Housing and Urban
Development
Office of Public and Indian HousingOMB No. 2577-0226
Expires 4/30/2011

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1.0	PHA Information	Charles fille of	a nd	DUA Color	CT002	
	PHA Name: <u>The Housing Authority of the</u> PHA Type: Small High	Performing	ord Standard	PHA Code: _ HCV (Section 8)	<u>C1003</u>	
	PHA Fiscal Year Beginning: (MM/YYYY):					
	,					
2.0	Inventory (based on ACC units at time of F	Y beginning				
	Number of PH units: <u>1253</u>		Number of H	CV units: <u>2136</u>	-	
3.0	Submission Type					
5.0	\boxtimes 5-Year and Annual Plan	Annual 1	Plan Only	5-Year Plan Only		
				e real rail only		
4.0	PHA Consortia	HA Consortia	a: (Check box if submitting a join	nt Plan and complete table be	ow.)	
		T		1	No. of Unit	to in Dooh
	Participating PHAs	PHA	Program(s) Included in the	Programs Not in the	Program	
	Faiticipaning FHAs	Code	Consortia	Consortia	PH	HCV
	PHA 1:	CT-003				iie v
	PHA 2:	01 000				
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 on	ly at 5-Year	Plan update.			
5.1	Mission. State the PHA's Mission for servin	ng the needs	of low-income, very low-income	, and extremely low income f	amilies in the P	'HA's
	jurisdiction for the next five years:					
	See Attached					
5.2	Goals and Objectives. Identify the PHA's of					
	low-income, and extremely low-income fam		ext five years. Include a report of	on the progress the PHA has r	nade in meeting	g the goals
	and objectives described in the previous 5-Y	ear Plan.				
	See Attached					
	See Financia					
6.0	PHA Plan Update					
0.0						
	(a) Identify all PHA Plan elements that hav				and the line of DI	IA DL.
	(b) Identify the specific location(s) where the elements, see Section 6.0 of the instruction		obtain copies of the 5- Year and	Annual PHA Plan. For a con	ipiete list of PF	1A Plan
	ciencias, see section 0.0 of the instruction	0115.				
	See Attached					
7.0	Hope VI, Mixed Finance Modernization o	r Developm	ent, Demolition and/or Disposit	tion, Conversion of Public H	ousing, Home	ownership
	Programs, and Project-based Vouchers. <i>I</i>	Include stater	nents related to these programs a	as applicable.		
8.0	See Attached Capital Improvements. Please complete Pa	orte 8 1 throu	ah 8.3 as applicable			
0.0	Capital improvements. Trease complete 12	ans 6.1 miou	gii 0.5, as applicable.			
0.1	Capital Fund Program Annual Statement	/Performan	ce and Evaluation Report. As p	part of the PHA 5-Year and A	nnual Plan, ann	nually
8.1	complete and submit the Capital Fund Prog	ram Annual S	Statement/Performance and Eval	uation Report, form HUD-50	075.1, for each	current and
	open CFP grant and CFFP financing.					
	Capital Fund Program Five-Year Action	Dian Acres	t of the submission of the Arres	1 Dian DUAs must somelate	nd submit the	Capital From J
8.2	Program Five-Year Action Plan, form HUD					
	for a five year period). Large capital items n				ent year, and ad	ia iatest year
8.3	Capital Fund Financing Program (CFFP)					
0.5	Check if the PHA proposes to use any po	rtion of its C	apital Fund Program (CFP)/Repl	acement Housing Factor (RH	F) to repay deb	t incurred to
	finance capital improvements.					
9.0	Housing Needs. Based on information prov	ided by the a	pplicable Consolidated Plan info	ormation provided by HUD a	nd other genera	ally available
2.0	data, make a reasonable effort to identify the					
	the jurisdiction served by the PHA, including					
	other families who are on the public housing	and Section	8 tenant-based assistance waiting			
	issues of affordability, supply, quality, acces	sıbility, size	ot units, and location.			
1						

9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See Attached
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested.
	 (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See Attached
11.0	Required Submission for HUD Field Office Review . In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
	(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)
	(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
	(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
	(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)
	(e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
	 (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations (g) Challenged Elements
	 (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only) (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

- **6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:
 - (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
 - (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures. Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

- 2. Financial Resources. A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
- 3. Rent Determination. A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
- 4. Operation and Management. A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
- **5. Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
- 6. Designated Housing for Elderly and Disabled Families. With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
- 7. Community Service and Self-Sufficiency. A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).
- Safety and Crime Prevention. For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

- **9.** Pets. A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
- 10. Civil Rights Certification. A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
- **11. Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
- **12. Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
- 13. Violence Against Women Act (VAWA). A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, exual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) Hope VI or Mixed Finance Modernization or Development. 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm
- (b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.c_fm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) Conversion of Public Housing. With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

- (d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.
- 8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.
 - 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:
 - (a) To submit the initial budget for a new grant or CFFP;
 - (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
 - (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- **3.** Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

- **9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
 - 9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year.
 (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- **10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:
 - (a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
 - (b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).
- **11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations
 - (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments.
 - (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.
 - Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.

5.1 MISSION

It is the mission of the Housing Authority of the City of Hartford (HACH) to be a fiscally sound agency that provides safe, decent, and affordable high quality housing and homeownership choices. The HACH strives to become closer to our residents and community partners while being a positive catalyst for the creation of economic opportunities and independence in diverse communities. The HACH will provide a positive work environment for our employees and value added supportive services to all of our residents.

5.2 GOALS & OBJECTIVES

It is the Housing Authority of the City of Hartford's (HACH's) goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

HACH Goal: Provide an Improved Living Environment

Objectives:Implement measures to deconcentrate poverty by bringing higher income public housing
households into lower income developments.Implement measures to promote income mixing in public housing by assuring access for
lower income families into higher income developments.

Implement Public Housing security improvements.

Designate developments or buildings for particular resident groups (elderly, persons with disabilities).

HACH Goal: Promote Self-Sufficiency and Asset Development of Assisted Households

Objectives: Increase the number and percentage of employed persons in assisted families.

Provide or attract supportive services to improve assistance recipients' employability.

Provide or attract supportive services to increase independence for the elderly or families with disabilities.

- HACH Goal: Rebuild Each Community to Achieve High Quality of Life Expectations through Lower Densities and Modern Housing Quality Standards
 - <u>Objectives</u>: During this new cycle, the HACH shall continue to assist a larger number of families to move from renting to leasing with the option to purchase or homeownership. In its efforts to encourage public housing residents to become more involved in the management of public housing units, the HACH continues to support resident participation through resident council activities, and participate in key committees regarding the development of and rehabilitation of units.

HACH, as a part of the HOPE VI Dutch Point Project, shall incorporate additional acquired units to be used either as homeownership, lease with the option to own, or rental by the end of 2011. These units shall be low maintenance and utilize the most recent technology for energy conservation and cost effectiveness.

HACH will continue its efforts to identify and locate partners, non-profit or for-profit, locally or nationally based. These partners will work with the Authority on the acquisition, improvement, and/or development of additional housing opportunities for public housing income eligible families in a mixed financing mode.

Other Goals:

- HACH will explore the possibility of creating a private maintenance contracting service entity. The purpose of this operation is to primarily provide repairs, construction improvements and grounds service to HACH-homeowners at a discounted rate and engage in private market business. This could conceivably be tenant run, managed, or controlled.
- HACH will look into the possibility of developing a wellness facility for families with children that need supportive services.
- HACH will explore all resources that will support, encourage and strengthen families with public housing, including, for example, the healthy marriage program, parents in institutions, and grand families taking care of grandchildren. Along with these initiatives HACH will explore the possibility of developing capacity in house to address the human/social needs of public housing residents associated with providing supportive services.
- HACH will explore the possibility of a not-for-profit organization and an in-house program that will train and prepare tenants for business development opportunities under the Section 3 program.

6.a PHA Plan Elements

1. Eligibility, Selection, and Admissions Policies, including Deconcentration and Wait List Procedures

REVISED

2. Financial Resources

REVISED

3. Rent Determination

REVISED

4. Operation and Management

REVISED

5. Grievance Procedures

REVISED

6. Designated Housing for Elderly and Disability Families

NO REVISION

7. Community Service and Self-Sufficiency

NO REVISION

8. Safety and Crime Prevention

NO REVISION

9. Pets

NO REVISION

10. Civil Rights Certification

NO REVISION

11. Fiscal Year Audit

REVISED

12. Asset Management

NO REVISION

13. Violence Against Women Act (VAWA)

NO REVISION

6.b POSTING OF THE PHA PLAN

The Housing Authority of the City of Hartford 180 Overlook Terrace Hartford, CT 06106

Mary Shepard Place 15 Pavilion Street Hartford, CT 06120

Dutch Point Housing 137 Wyllys Street Hartford, CT 06106

Betty Knox Apartments 141 Woodland Street Hartford, CT 06105

Percival C. Smith Tower 80 Charter Oak Avenue Hartford, CT 06106

Mary Mahoney Village 73 Vine Street Hartford, CT 06105

Kent Apartments 188 Sigourney Street Hartford, CT 06105

Housing Authority of the City of Hartford Website: hartfordhousing.org

7.0 DEMOLITION AND DISPOSITION

Demolition/Disposition Activity Description

1a. Development name and address:**

Nelton Court, Hartford, CT 06120

- 1b. Development (project) Number: CT-003-001
- 2. Activity Type: Demolition
- 3. Application Status: Approved on May 17, 2010
- 4. Date application approved, submitted, or planned for submission:

The application was submitted 6/4/2008 and approved 5/17/2010

- 5. Number of Units Affected: 121
- 6. Coverage of Action: Total Development
- 7. Timeline for Activity:
 - a. Action Projects State Date of Activity: May 1, 2010
 - b. Projected End Date of Activity: January 31, 2011

**39 Wadsworth Street, Hartford, CT and 10-12 Wolcott Street, Hartford, CT - There is a plan being developed which may include demolition and disposition.

9.0 STATEMENT OF HOUSING NEEDS

HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY THE HOUSING AUTHORITY OF THE CITY OF HARTFORD BY FAMILY TYPE

Family Type	Overall	Affordability	Supply	Quality	Accessible	Size	Loc
Income <= 30% of AMI	16,101	5	4	3	2	4	5
Income >30% but <=50% of AMI	8,264	5	4	2	2	4	5
Income >50% but <80% of AMI	6,824	2	2	2	1	4	4
Elderly	6,151	2	2	2	1	1	3
Families With disabilities	11,966	5	4	3	5	4	4
White/Not Hispanic	21,677	NA	NA	NA	NA	NA	NA
Black/Not Hispanic	49,412	NA	NA	NA	NA	NA	NA
Hispanic	49,260	NA	NA	NA	NA	NA	NA
Other, Not Hispanic	NA	NA	NA	NA	NA	NA	NA

Code 1-5: One being no impact, five being severe impact

Not Available - NA

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS

Need 1: Shortage of Affordable Housing for All Eligible Populations

<u>Strategy 1</u>: Maximize number of affordable units available to the HACH within its current resources:

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through Section 8 replacement housing resources
- Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the HACH, regardless of unit size required
- Maintain or increase Section 8 lease-up rates by marketing program to owners particularly those outside of areas of minority and poverty concentration
- Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptability of program

<u>Strategy 2</u>: Increase the number of affordable housing units:

- Apply for additional Section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed-finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

Need 2: Specific Family Types: Families at or Below 30% of Median

Strategy 1: Target available assistance to families at or below 30% of AMI

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant based Section 8 assistance
- Adopt rent policies to support and encourage work

Need 3: Specific Family types: Families at or below 50% of Median

<u>Strategy 1</u>: Target available assistance to families at or below 50% of AMI

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work

It is the HACH strategy and goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

- The HACH will update its plan for the allocation funds for each development's needs as indicated in its five-year plan.
- The HACH will continue to work with the City of Hartford in its efforts to identify properties to develop additional public housing units including the utilization of project based vouchers.

Need 4: Specific Family types: the elderly

<u>Strategy 1</u>: Target available assistance to the elderly

• Apply for special-purpose vouchers targeted to the elderly, should they become available

Need 5: Specific Family Types: Families with Disabilities

<u>Strategy 1</u>: Target available assistance to Families with Disabilities

- Carry out the modifications needed in public housing based on the Section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local, non-profit agencies that assist families with disabilities

Need 6: Specific Family Types: Races/Ethnicities with Disproportionate Housing Needs

<u>Strategy 1</u>: Increase awareness of HACH resources among families of races and ethnicities with disproportionate needs

• Affirmatively market to races/ethnicities shown to have disproportionate housing needs

<u>Strategy 2</u>: Conduct activities to affirmatively further fair housing

- Counsel Section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the Section 8 Program to owners outside of areas of poverty/minority concentrations

It is the HACH's strategy and goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

- The HACH will update its plan for the allocation funds for each development's needs as indicated in its five-year plan.
- The HACH will continue to work with the City of Hartford in its efforts to identify properties to develop additional public housing units for public housing families to replace units that were torn down.
- The Dutch Point Homeownership Project shall be constructed to be low maintenance and utilize the most recent technology for energy conservation and cost effectiveness.
- The HACH shall continue its efforts to identify and locate partners, non-profit, or for-profit, locally or nationally based. These partners will work with the Authority on the acquisition, improvement, and/or development of additional housing opportunities for public housing income eligible families.

10.a GOALS AND OBJECTIVES PROGRESS REPORT

The Low Income developments were built and/or substantially rehabilitated on the dates indicated below. Each development has had major renovation and/or remodeling (see capital improvements below) during the past years in one or more of the following areas: kitchen and/or bathroom remodeling, mechanical systems upgrades, roof replacement, site improvements, plumbing systems upgrades, electrical system upgrades, elevator upgrades, window replacement and exterior repairs. Over the next five years, the HACH intends to continue upgrades in physical and mechanical plan support for all of the following:

- Mary Shepard Place (1996): Fire suppression system upgrade and windows.
- New Community (COT New Construction 1998): Continue to promote homeownership through sales to existing HACH renters and outside families interested in purchasing affordable housing.
- New Stowe Village (New Construction 2002/2003): Phase 4 will be completed in 2011, consisting of 26 units of replacement housing of three bedrooms each.
- Scattered Sites (1985): Roofs, bathroom remodeling, kitchen remodeling, mechanical upgrades, site lighting, paving, porches, and windows.
- Mary Mahoney Village (1963): Roofs, mechanical upgrades, paving, site lighting, kitchen remodeling, porches, entry doors, windows, and sidewalks.
- Kent Apartments (1970): Roof, kitchen remodeling, mechanical upgrades, paving, windows.
- Smith Towers (1972): Roof, mechanical upgrades, kitchen remodeling, first floor common area improvements, windows, fire sprinklers, security upgrades, new elevator system, and lobby renovations.
- Betty Knox Apartments (1973): Roof, kitchen remodeling, bathroom remodeling, fire sprinklers, windows, reconfiguration of 8 units into 12 ADA accessible units, paving, emergency generator, elevator upgrades. Site lighting/security upgrades.
- Dutch Point Colony Hope VI Revitalization The Housing Authority of the City of Hartford is continuing the redevelopment of Dutch Point Colony in partnership with The Community Builders, Inc. and the neighborhood. The Hope VI application was approved in the amount of \$20 million by HUD in March 2003. The redevelopment program includes not only the Dutch Point site, but includes nine properties, which were acquired to enhance the overall development. The Authority, along with its development partner, relocated all of the residents and the subsequent demolition of the twenty-eight (28) on-site buildings was completed in 2005. Self-sufficiency programs were provided to the residents and the re-occupancy of the rental phases were completed in 2008. The first Phase of the redevelopment, consisting of forty-three (43) Low Income Public Housing units and thirty (30) market rate units was completed in July 2007. Phase 2 which includes forty-seven (47) Low Income Public Housing units and seven (7) market rate units was completed in 2008. The third and final phase of redevelopment consists of fifty-eight (58) single-family homeownership units of which twenty-seven (27) will be affordable and thirty-one (31) will be market rate. Groundbreaking for this third and final phase took place in 2008. As of October 1, 2010, twelve units have been sold and another 4 units are under contract for sale.

10b. Significant Amendment and Substantial Deviation/Modification

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Hartford that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

<u>11 a.b.c.&d.</u>

See Attached

<u>11 f.</u>

Resident Advisory Comments:

Given the economic conditions, why the proposed changes in the flat rent structure now?

Response:

No changes have been made to the flat rents structure for 2010 and the flat rent is considerably below the Section 8 Payment Standard.

<u>11 g.</u>

No Challenged Elements

<u>11 h.</u>

Capital Fund Annual Statements and Performance and Evaluation Reports Attached

<u>11 i.</u>

Capital Fund Program 5-year Action Plan Attached

Compliance with the Violence Against Women's Act (VAWA)

Domestic Violence:

In accordance with the Violence Against Women and Justice Department Reauthorization Act, the Authority has adopted a preference that recognizes and protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. The Authority has also adopted an admission preference for individuals that are residing in a situation of domestic violence and that are displaced as a result of their situation. The family must provide evidence that documents the domestic violence by providing a police report that verifies their claim.

The following also applies:

- The domestic violence must be recent and individual must provide evidence of an established pattern either by utilizing HUD Form 50066, Certification of Domestic Violence, Dating Violence, or Stalking or local police record or court record, documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance.
- Must provide evidence of an established relationship along with a lease agreement confirming co-habitation.
- The family must agree to sign a restraining order against the offender.
- The family must certify that the person who resides with them that engages in such domestic violence will not reside with the family upon placement. If the family is admitted the Authority may deny or terminate assistance to the family for breach of this certification.
- The family will be required to sign a document stating they will not release the location of their new residence to the party responsible for the abuse and threats.
- The Authority will require that the family sign a Memorandum of Agreement (MOA), to participate in a Social Service Program for Domestic Violence.

If the family is determined eligible for the aforementioned "Domestic Violence Preference" and is housed, the family will not be eligible for a transfer into another Authority unit if it is determined that the family was responsible for the release of their whereabouts to the offender, as it will result in a financial burden to the Authority. A current family in residence with the Authority will only be entitled to one transfer.

Furthermore, the Authority will not evict a tenant for criminal activity relating to verified incidents of actual or threatened domestic violence, dating violence, or stalking.

The Authority may request a tenant under such threat of eviction to certify that the incidents in question are bona fide incidents of abuse by producing either (1) a Federal, State, tribal, territorial, or local police or court record or (2) a sworn statement, also signed by the tenant, from (a) a victim service provider; (b) an attorney; or (c) a medical

professional verifying the validity of the incidents. If the certification is not received by the Authority within 14 days, the Authority may proceed with the eviction. The Authority, however, has the discretion of extending the 14-day period.

All information provided to the Authority in such certification shall be retained in confidence, except to the extend disclosure is (i) requested or consented to by the tenant in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

If it is verified that the tenant is a victim of actual or threatened domestic violence, dating violence, or stalking engaged in by a member of the tenant's household, or any guest or other person under the tenant's control, the Authority may bifurcate the lease in order to evict only the tenant or lawful occupant engaging in these criminal acts, without evicting or otherwise penalizing the victim who is also a tenant or lawful occupant.

Par	Part I: Summary					
PHA Citv	PHA Name/Number : Housing Authority of the City of Hartford	thority of the	Locality (H	Locality (Hartford, CT.)	□Original 5-Year Plan ⊠Revision No: 1	levision No: 1
	Development Number and	Work Statement	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
A.	Name	for Year 1 FFY: 2011	FFY :2012	FFY :2013	FFY :2014	FFY :2015
B,	Physical Improvements Subtotal	Annual Statement	\$1,804,432.00	\$1,899,432.00	\$1,874,432.00	\$1,874,432.00
<u>C.</u>	Management Improvements		\$40,000.00	\$15,000.00	\$40,000.00	\$40,000.00
D.	PHA-Wide Non-dwelling Structures and Equinment		\$70,000.00	0.00	0.00	
ц	Administration		\$258,054.00	\$258,054.00	\$258,054.00	\$258,054.00
F.	Other		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
G.	Operations		\$258,054.00	\$258,054.00	\$258,054.00	\$258,054.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
÷	Capital Fund Financing -		0.00	00.0	00.0	00.00
	Debt Service			0.00	0.00	0.00
K.	Total CFP Funds		\$2,580,540.00	\$2,580,540.00	\$2,580,540.00	\$2,580,540.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$2,580,540.00	\$2,580,540.00	\$2,580,540.00	\$2,580,540.00

Part I: Summary (Continuation)

e ,					
PHA Name/Number		Locality (City/county & State)	county & State)	Original 5-Year Plan Revision No: 1	Revision No: 1
Development Number	Work	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
A. and Name	Statement for	FFY	FFY	FFY	FFY
	Year 1				
	FFY				
	Annual				
	Statement				

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																	Annual	See		Year 1 FFY 2011	Work Statement for	Part II: Sup
Sı		AMP 24: Non-Dwelling Equipment (Sedan/Vehicle)	Equipment, Lawn Care Equipment)	Equipment(Snow Removal	AMP 6: Non-Dwelling	AMP 1: Non-Dwelling Equipment(Vehicles/Van)	AMP 24: Fees and Costs	AMP 6: Fees and Costs	PHA Wide: Administration	PHA Wide: Management Improvements	AMP 15: Operations	AMP 6: Operations	AMP 1: Operations	AMP 6: Kent Apartments. Additional Security Lighting	AMP 24. Mary Shepard Place. Roof Replacement	AMP 6: Kent Apartments. Repaint Common Areas	AMP 6: Smith Tower. Trash Compactor Replacement	AMP 6: Smith Tower. Elevator Modernization	General Description of Major Work Categories	Development Number/Name	We	Part II: Supporting Pages - Physical Needs Work Statement(s)
Subtotal of Estimated Cost																				Quantity	Work Statement for Year :2012 FFY:2012	al Needs Work Staten
\$2,580,540.00		\$20,000.00			\$25,000.00	\$25,000.00	\$40,000.00	\$110,000.00	\$258,054.00	\$40,000.00	\$100,000.00	\$100,000.00	\$58,054.00	\$47,296.00	\$600,000.00	\$75,000.00	\$50,000.00	\$1,032,136.00		Estimated Cost	2	nent(s)
SI								AMP 24: Fees and Costs	AMP 1and AMP 15: Fees and Costs	PHA Wide: Administration	PHA Wide: Management Improvements	AMP 15: Operations	AMP 6: Operations	AMP 1: Operations	AMP 24: Mary Shepard Place: Upgrade Boiler Systems	AMP 24: Mary Shepard Place; Replace Kitchen Cabinets and Countertops	AMP 1 and AMP 15. SS I,II,III,: Kitchen Replacements	AMP 1 and AMP 15. SS I,II,III,: Roof Replacements	General Description of Major Work Categories	Development Number/Name	×c	
Subtotal of Estimated Cost																				Quantity	Work Statement for Year: 2013 FFY: 2013	
\$2,580,540.00								\$75,000.00	\$75,000.00	\$258,054.00	\$15,000.00	\$100,000.00	\$100,000.00	\$58,054.00	\$300,000.00	\$242,296.00	\$882,136.00	\$475,000.00		Estimated Cost		

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/20011

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													Statement	Annual		Year 1 FFY	Work Statement for	Part II: Sup
Sut		AMP 6 Fees and Costs	AMP 1 Fees and Costs	PHA Wide: Administration	PHA Wide: Management Improvements	AMP 15: Operations	AMP 6: Operations	AMP 1: Operations	AMP 6: Kent Apartments: Replace Cabinets and Countertops	AMP 6: Kent Apartments: Replace Windows	AMP 6: Smith Tower. Fire Alarm Upgrades	AMP 6: Smith Tower, Roof Replacement	AMP 6: Mary Mahoney Village. Interior Improvements, Doors, Floors, Bathrooms, Re- painting	AMP 1 and AMP 15. SS 1,II,III,: HVAC Upgrades	General Description of Major Work Categories	Development Number/Name	Ж	oorting Pages – Physi
Subtotal of Estimated Cost																Quantity	Work Statement for Year: 2014 FFY:2014	Part II: Supporting Pages – Physical Needs Work Statement(s)
\$2,580,540.00		\$130,000.00	\$20,000.00	\$258,054.00	\$40,000.00	\$100,000.00	\$100,000.00	\$58,054.00	\$150,000.00	\$450,000.00	\$350,000.00	\$282,136.00	\$400,000.00	\$242,296.00		Estimated Cost	14	ment(s)
Sut		AMP 6 Fees and Costs	AMP 1 Fees and Costs	PHA Wide: Administration	PHA Wide: Management Improvements	AMP 15: Operations	AMP 6: Operations	AMP 1: Operations	AMP 15: Replace Exterior Doors and Storm Doors at SS II and III	AMP 6: Smith Tower. Replace Kitchen Cabinets and Countertops	AMP 6: Kent Apartments: Repoint and Repair Brick	AMP 6: Kent Apartments Replace Fire Detection System and Intercom	AMP 6: Smith Tower Replace Fire Detection System and Intercom	AMP 1 and AMP 15. SS I,II,III,: HVAC Upgrades	General Description of Major Work Categories	Development Number/Name		
Subtotal of Estimated Cost																Quantity	Work Statement for Year: 2015 FFY:2015	
\$2,580,540.00		\$130,000.00	\$20,000.00	\$258,054.00	\$40,000.00	\$100,000.00	\$100,000.00	\$58,054.00	\$150,000.00	\$650,000.00	\$182,136.00	\$250,000.00	\$400,000.00	\$242,296.00		Estimated Cost	5	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/20011

										Statement	Apawal	866	-	Year 1 FFY	Statement for	Work	Part III: Suj	
Subtotal of Estimated Cost									Computer Software	Upgrades to ERP systems including network and Server Enhancements	Computer Hardware		General Description of Major Work Categories	Development Number/Name	FFY: 2012	Work Statement for Year: 2012	Part III: Supporting Pages – Management Needs Work Statement(s)	
\$40,000.00									\$15,000.00	\$10,000.00	\$15,000.00			Estimated Cost		12	x Statement(s)	
Subtotal of Estimated Cost									Computer Software	Upgrades to ERP systems including network and Server Enhancements	Computer Hardware		General Description of Major Work Categories	Development Number/Name	FFY :2013	Work Statement for Year: 2013		
\$40,000.00									\$15,000.00	\$10,000.00	\$15,000.00			Estimated Cost		13		TTOOT INC IN SATING

									Statement	Annual	856	Year 1 FFY	Work Statement for	Part III: Sur
Subtotal of Estimated Cost									Upgrades to ERP systems including network and Server Enhancements	Computer Software		Development Number/Name General Description of Major Work Categories	Work Statement for Year :2014 FFY :2014	Part III: Supporting Pages - Management Needs Work Statement(s)
\$40,000.00									\$15,000.00	\$25,000.00		Estimated Cost	14	s Statement(s)
Subtotal of Estimated Cost \$40,000.00												Development Number/Name General Description of Major Work Categories	Work Statement for Year: 2015 FFY:2015	
\$40,000.00												Estimated Cost		

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

	0					Expires 4/30/2011
PHA Name: Housin City of Hartford	PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFFP:	3501-07			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Em ⊠ Performance and Evaluation Report for Period Ending: 6/30/10	☐ Reserve for Disasters/Emergencies for Period Ending: 6/30/10		☐ Revised Annual Statement (revision no: 2 ☐ Final Performance and Evaluation Report	sion no: 2) on Report	
Line	Summary by Development Account	Account	Total E	Total Estimated Cost		Total Actual Cost ¹
			Original	Revised ²	Obligated	Expended
Ţ	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	eed 20% of line 21) ³	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
ω	1408 Management Improvements	ents	\$45,000.00	\$45,000.00	\$45,000.00	
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
S	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		\$194,436.00	\$194,436.00	\$194,436.00	\$140,987.28
8	1440 Site Acquisition					
6	1450 Site Improvement		\$550,000.00	\$100,000.00	\$100,000.00	\$49,357.40
10	1460 Dwelling Structures		\$840,000.00	\$1,290,000.00	\$1,290,000.00	\$1,290,000.00
11	1465.1 Dwelling EquipmentNonexpendable	-Nonexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	1t	\$40,000.00	\$40,000.00	\$40,000.00	\$3,075.00
14	1485 Demolition					
15	1492 Moving to Work Demonstration	stration				
16	1495.1 Relocation Costs					

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1499 Development Activities 4

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

of the City of Hartford 23 21 Signature of Executive Director 25 24 22 20 18ba Line **Housing Authority** 19 18a Part I: Summary PHA Name: Type of Grant Performance and Evaluation Report for Period Ending: 6/30/2010 Original Annual Statement Summary by Development Account Amount of line 20 Related to LBP Activities 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1501 Collateralization or Debt Service paid by the PHA 1502 Contingency (may not exceed 8% of line 20) Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFFP: Payment Reserve for Disasters/Emergencies Date \$2,086,794.00 Original Total Estimated Cost **Signature of Public Housing Director** \$2,086,794.00 Revised ² Final Performance and Evaluation Report Revised Annual Statement (revision no: 2) FFY of Grant Approval: 2007 FFY of Grant:2007 \$2,086,794.00 Obligated Total Actual Cost \$1,900,777.68 Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

	\$6,800.00	\$6,800.00	\$6,800.00	\$6,800.00		1430	A&E Fees for Roof Replacement	AMP 6, Kent Apartments
	\$30,700.42	\$30,700.42	\$30,700.42	\$30,700.42		1430	A&E Fees for Site Plan	AMP 15 Scattered Sites II,III
	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00		1430	A&E Fees for Wadsworth Street Structural Review	AMP 15 Scattered Sites II,III
	\$8,990.00	\$8,990.00	\$8,990.00	\$8,990.00		1430	A&E Fees for Sidewalk Replacement	AMP 6 Mary Mahoney Village,
	\$7,550.00	\$19,550.00	\$19,550.00	\$19,550.00		1430	A&E Fees for Roof Replacement	AMP 6 Mary Mahoney Village, Betty Knox,
	\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00		1430	A&E Fees for Environmental Review with Fuss and O'Neil	AMP 1 Nelton Court
	\$12,523.79	\$12,523.79	\$12,523.79	\$12,523.79		1430	Fees for Advertising Bids	PHA Wide
	\$12,571.79	\$12,571.79	\$12,571.79	\$12,571.79		1430	Fees for Testing	AMP 24 Stowe Village
	\$54,551.28	96,000.00	96,000.00	\$96,000.00		1430	Fees for Davis Bacon Review/Testing	PHA Wide
	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00		1410	Central Office Management Fees	PHA Wide
		\$45,0000.00	\$45,0000.00	\$45,0000.00		1408	Management Improvements. Emphasys Conversion and Staff Training	PHA Wide
	\$89,727.00	\$89,727.00	\$89,727.00	\$89,727.00		1406	Operations	AMP 15
	\$77,212.00	\$77,212.00	\$77,212.00	\$77,212.00		1406	Operations	AMP 6
	\$41,740.00	\$41,740.00	\$41,740.00	\$41,740.00		1406	Operations	AMP 1 Nelton Court
	Funds Expended ²	Funds Obligated ²	Revised ¹	Original				
Status of Work	Cost	Total Actual Cost	ted Cost	Total Estimated Cost	Quantity	Development Account No.	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
	07	Federal FFY of Grant: 2007	Federal F	01-07	vo: CT26P00350 Grant No:	Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:	PHA Name: Housing Authority of the City of Hartford Capital CFFP (Replace	PHA Name: Housing Au
								Part II: Supporting Pages

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages PHA Name: Housing Aut	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grau CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: CT26P00350 ant No:	1-07	Federal F	Federal FFY of Grant: 2007	7	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 6 Mary Mahoney Village.	Replace Common Sidewalks	1450			\$550,000.00	\$100,000.00	\$100,000.00	\$49,357.40	
AMP 15,AMP 24, Scattered Sites II,III Mary Shepard Place	Masonry Restoration	1460			\$190,000.00	\$394,022.38	\$394,022.38	\$394,022.38	Completed
AMP 1, AMP 6, AMP 15, AMP 24 Mary Shepard Place, Smith Tower, Mary Mahoney Village, Betty Knox, Kent Apartments	Vacancy Preparation	1460			\$100,000.00	\$150,000.00	\$150,000.00	\$150,000.00	Completed
AMP 6: Betty Knox Apartments.	Lobby Renovation and Upgrades	1460			\$550,000.00	\$745,977.62	\$745,977.62	\$745,977.62	Completed
PHA Wide	Non Dwelling Equipment	1475			40,000.00	40,000.00	40.000.00	\$3,075.00	
								40,000	

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

PHA Name: Housing Authority of the City of Hartford	ity of the City of Hart	ford			Federal FFY of Grant: 2007
Development Number Name/PHA-Wide	All Fund (Quarter I	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1 Nelton Court	9/12/09	9/1/09	9/12/2011	9/1/09	
AMP 6 Elderly	9/12/09	11/15/08	9/12/2011	2/1/10	
AMP 15 SS I, II, III	9/12/09	5/15/09	9/12/2011	11/15/09	
AMP 24	9/12/09	5/15/09	9/12/2011		
PHA Wide	9/12/09	9/12/07	9/12/2011	9/12/07	
	-				

¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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 Type of Grant
 Image: Construction of the second 13 10 \sim 17 15 14 12 PHA Name: Housing Authority of the Part I: Summary 16 Line City of Hartford Summary by Development Account 1499 Development Activities 1495.1 Relocation Costs 1492 Moving to Work Demonstration 1475 Non-dwelling Equipment 1470 Non-dwelling Structures 1465.1 Dwelling Equipment-Nonexpendable 1460 Dwelling Structures 1450 Site Improvement 1440 Site Acquisition 1430 Fees and Costs 1415 Liquidated Damages 1410 Administration (may not exceed 10% of line 21) 1406 Operations (may not exceed 20% of line 21) ³ Total non-CFP Funds 1485 Demolition 1411 Audit 1408 Management Improvements Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: CT26P003501-08 Grant Type and Number Original \$1,625,330.00 \$464,380.00 \$232,190.00 **Fotal Estimated Cost** Revised Annual Statement (revision no:2 \$472,000.00 \$990,520.00 \$75,000.00 \$45,000.00 \$232,190.00 Revised² \$275,000.00 \$232,190.00 Obligated \$45,000.00 \$232,190.00 \$472,000.00 \$990,520.00 \$232,190.00 \$275,000.00 **Fotal Actual Cost**¹ FFY of Grant: 2008 FFY of Grant Approval: 2008 \$368,165.36 Expended \$232,190.00 \$803,453.07 \$58,095.97 \$232,190.00

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

			-		
			12/22/16	All Provide Distances and a second	Comment of the second s
Date	Director	Signature of Public Housing Director			Signature of Executive Divector
				Amount of line 20 Related to Energy Conservation Measures	25 Amount
				Amount of line 20 Related to Security - Hard Costs	24 Amount
				Amount of line 20 Related to Security - Soft Costs	23 Amount
				Amount of line 20 Related to Section 504 Activities	22 Amount
				Amount of line 20 Related to LBP Activities	21 Amount
\$1,694,094.40	\$2,321,900.00	\$2,321,900.00	\$2,321,900.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amount
				1502 Contingency (may not exceed 8% of line 20)	19 1502 Cot
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 Col
				1501 Collateralization or Debt Service paid by the PHA	18a 1501 Col
Expended	Obligated	Revised ²	Original		
Total Actual Cost ¹	Total /	Total Estimated Cost	Total Es	Summary by Development Account	Line Summar
	☐ Final Performance and Evaluation Report	🗆 Final P		Performance and Evaluation Report for Period Ending: 6/30/10	Performance an
)	\boxtimes Revised Annual Statement (revision no:2	Revised.	cies	al Statement Reserve for Disasters/Emergencies	Original Annual Statement
					Type of Grant
	FFY of Grant:2008 FFY of Grant Approval: 2008	FFY		Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: PHA Name: Housing Authority of the City of Hartford
					Part I: Summary

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report

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form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development

Part II: Supporting Pages	-							
PHA Name: Housing Au	PHA Name: Housing Authority of the City of Hartford C: C: Re	Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 CFFP (Yes/No): Replacement Housing Factor Grant No:	No: CT26P003: Grant No:	01-08	Federal F	Federal FFY of Grant: 2008	×	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ork Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 Nelton Court	Operations	1406		\$53,335.00	\$53,335.00	\$53,335.00	\$53,335.00	
AMP 6 Elderly	Operations	1406		\$13,335.00	\$13,335.00	\$13,335.00	\$13,335.00	
AMP 15	Operations	1406		\$165,520.00	\circ	0	\$165,520.00	
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	asys 1408			\$45,0000.00	\$45,0000.00		
PHA Wide	Central Office Management Fees	1410		\$232,190.00	\$232,190.00	\$232,190.00	\$232,190.00	
AMP 6	A&E Fees and Costs	1430		\$50,000.00	\$50,000.00	\$50,000.00	42,562.50	
AMP 24	A&E Fees and Costs	1430		\$25,000.00	\$25,000.00	\$25,000.00	15,533.47	
AMP 15, AMP 24 Scattered Sites II,III/ Mary Shepard Place	Masonry Restoration	1460		\$700,000.00	\$639,177.37	\$639,177.37	\$589,177.37	
AMP 6.	Betty Knox Elevator Upgrade Balance	nce 1460		\$24,469.02	\$24,469.02	\$24,469.02	\$24,469.02	

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Page3

U.S. Department of Housing and Urban Development form **HUD-50075.1** (4/2008)

Part II: Supporting Pages PHA Name: Housing Aut	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 CFFP (Yes/ No):	nt No: CT26P0035	01-08	Federal FI	Federal FFY of Grant: 2008	ŏ	
	R	CFFP (Yes/ No): Replacement Housing Factor Grant No:	tor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ork Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 24 Mary Shepard Place	Fire Alarm Upgrades and Modernization	1460		\$351,342.63	\$326,873.61	\$326,873.61	\$189,806.68	
						and the second state of th		
AIME I NEILOH COUL	Demonition	1400		\$273,000.00	\$473,000.00	\$270,000.00		
AMP 1 Nelton Court	Relocation Costs	1495		\$472,000.00	\$472,000.00	\$472,000.00	\$368,165.36	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Page4

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ity of the City of Hartí	Financing Program ord			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1 Nelton Court	9/30/2010		9/30/2012		
AMP 6 Elderly	9/30/2010		9/30/2010		
AMP 15 SS, I, II, III	9/30/2010		9/30/2012		
PHA Wide	9/30/2010		9/30/2012		
AMP 24, Mary Shepard Place	9/30/2010		9/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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 □ Original Annual Statement
 □ Reserve for Disasters/Em

 ⊠ Performance and Evaluation Report for Period Ending: 6/30/10

 Line
 Summary by Development Account

 City of Hartford Part I: Summary PHA Name: Housing Authority of the Type of Grant Total non-CFP Funds 1410 Administration (may not exceed 10% of line 21) 1475 Non-dwelling Equipment 1460 Dwelling Structures 1406 Operations (may not exceed 20% of line 21) 3 1495.1 Relocation Costs 1492 Moving to Work Demonstration 1485 Demolition 1470 Non-dwelling Structures 1465.1 Dwelling Equipment-Nonexpendable 1440 Site Acquisition 1430 Fees and Costs 1415 Liquidated Damages 1411 Audit 1408 Management Improvements 450 Site Improvement □ Reserve for Disasters/Emergencies Replacement Housing Factor Grant No: Date of CFFP: Capital Fund Program Grant No: CT26P003501-09 Grant Type and Number \$1,865,759.00 \$266,537.00 \$533,074.00 Original **Total Estimated Cost** Revised Annual Statement (revision no: 2 Final Performance and Evaluation Report \$266,537.00 \$45,000.00 \$1,000,000.00 \$150,000.00 \$266,537.00 Revised² \$937,296.00 \$1,000,000.00 \$78,414.05 \$266,537.00 \$45,000.00 \$266,537.00 Obligated \$294,115.95 \cup Total Actual Cost ¹ FFY of Grant Approval: 2009 FFY of Grant: 2009 \$5,400.00 \$41,775.05 \$266,537.00 \$112,500.00 Expended \$39,120.44

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1499 Development Activities '

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report

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form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development

Part II: Supporting Pages	8								
PHA Name: Housing A	thority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 CFFP (Yes/No):	am Grant No: (CT26P0035	01-09	Federal F	Federal FFY of Grant: 2009	9	
Development Number	Ganaral Description of Major V			Onantity	Total Estimated	Coet	Total Actual C	'Aet	Statue of Work
Activities	Categories	Account No.		Quantity	rotar Estimated Cost	COSE			Status OT WOIN
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 Nelton Court	Operations	1406			\$40,000.00	\$40,000.00	\$40,000.00	\$13,500.00	
AMP 6 Elderly	Operations	1406			\$26,537.00	\$26,537.00	\$26,537.00	\$13,500.00	
AMP 15 SS, I, II, III	Operations	1406			\$200,000.00	\$200,000.00	\$200,000.00	\$85,500.00	
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	hasys 1408			\$45,000.00	\$45,000.00	\$45,000.00	\$5,400.00	
PHA Wide	Central Office Management Fees	1410			\$266,537.00	\$266,537.00	\$266,537.00	\$266,537.00	
AMP 1, and AMP 15, Adams St. Scattered Sites I, II, III	Fees and Costs for A&E Work	1430			\$90,000.00	\$90,000.00	\$45,043.00	\$31,750.00	
AMP 6:	Fees and Costs for A&E Work	1430			\$60,000.00	\$60,000.00	\$33,371.05	\$10,025.05	
^l To ha	¹ To be completed for the Derformance and Evaluation Report or a Revised Annual Statement	n Report or a Revise	d Annual Statem	ent					

³ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 2 To be completed for the Performance and Evaluation Report.

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Court AMP 1, Nelton AMP 6: Smith Shepard Place AMP 24, Mary Shepard Place Wide Activities Number Name/PHA-Development Hartford PHA Name: Housing Authority of the City of Part II: Supporting Pages Tower AMP 24, Mary Nelton Court **Elevator Repairs** Window Replacement Fire Alarm Upgrades General Description of Major Work Categories Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 Replacement Housing Factor Grant No: CFFP (Yes/ No): Development 1485 1460 1460 Account No. 1460 Quantity \$0.00 **Total Estimated Cost** \$1,000,000.00 \$628,665.63 \$309,480.00 Original \$1,000,000.00 \$36,906.00 \$805,975.00 \$98,415.00 Revised Federal FFY of Grant: 2009 \$1,000,000.00 \$36,906.00 \$98,415.00 Funds Obligated² Total Actual Cost Funds \$36,906.00 \$2,214.44 Expended² Work Status of

Capital Fund Financing Program

Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartfi	ord			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/15/2011		9/15/2013		
AMP 24: Mary Shepard Place	9/15/2011		9/15/2013		
AMP 15 SS, I, II, III	9/15/2011		9/15/2013		
AMP 6 Elderly	9/15/2011		9/15/2013		
AMP 1 Nelton Court:Demolition	9/15/2011		9/15/2013		

¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

ummary				
g Authority of the	3003501-09		र्म् स्र	FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant □ Original Annual Statement □ Reserve for Disasters/Emergencies ⊠ Performance and Evaluation Report for Period Ending: 6/30/10		☑ Revised Annual Statement (revisi ☐ Final Performance and Evaluat	ion no: 2) ion Report	
Summary by Development Account	Total			Total Actual Cost ¹
	Original	Revised ²	Obligated	Expended
Total non-CFP Funds				
1406 Operations (may not exceed 20% of line 21) ³				
1408 Management Improvements				
1410 Administration (may not exceed 10% of line 21)	\$506,016.00	\$506,016.00	\$506,016.00	\$211,012.08
1411 Audit				
1415 Liquidated Damages				
1430 Fees and Costs	\$317,147.00	\$100,000.00	\$100,000.00	\$39,591.07
1440 Site Acquisition				
1450 Site Improvement	\$300,000.00	\$1,560,000.00	\$1,560,000.00	\$376,946.00
1460 Dwelling Structures	\$3,762,000.00	\$2,894,147.00	\$2,894,147.00	\$1,544,437.10
1465.1 Dwelling EquipmentNonexpendable				
1470 Non-dwelling Structures				
1475 Non-dwelling Equipment				
1485 Demolition				
1492 Moving to Work Demonstration				
1495.1 Relocation Costs				
1499 Development Activities ⁴				
	ITY sing Authority of the and Evaluation Report for and Evaluation Report for mary by Development Activities 4 Inon-CFP Funds Operations (may not exceed) Administration (may not exceed) Site Improvement Divelling Structures Site Inprovement Dwelling Equipment—I Non-dwelling Equipment—I Non-dwelling Equipment Demolition I. Relocation Costs I. Relocation Costs	g Authority of the Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: Date of CFFP: Statement Reserve for Disasters/Emergencies Virginal 1Evaluation Report for Period Ending: 6/30/10 Original n-CFP Funds Original Original n-CFP Funds Stof6,016.00 Stof6,016.00 erations (may not exceed 10% of line 21) \$506,016.00 inistration (may not exceed 10% of line 21) \$506,016.00 ministration (may not exceed 10% of line 21) \$506,016.00 inistration (may not exceed 10% of line 21) \$506,016.00 inistration (may not exceed 10% of line 21) \$506,016.00 inistration (may not exceed 10% of line 21) \$506,000.00 uit \$317,147.00 \$300,000.00 e Acquisition \$300,000.00 \$3,762,000.00 veling Structures \$3,762,000.00 \$3,762,000.00 veling Equipment—Nonexpendable \$3,762,000.00 \$3,762,000.00 veling Equipment—Nonexpendable \$3,762,000.00 \$3,762,000.00 \$3,762,000.00 veling Equipment \$3,762,000.00 \$3,762,000.00 \$3,762,000.00 \$3,762,000.00 \$3,7	g Authority of the Replacement Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: CT26S003501-09 Date of CFPP: Statement Revised Amm I brank from Program Grant No: CT26S003501-09 Statement I brank affer for Disasters/Emergencies Ty by Development Account Statement For Disasters/Emergencies I frank Perfor Print Perfor Revised Amm Print Perfor I brank affer for Disasters/Emergencies Ty by Development Account Total Stimmate Cost I frank Perfor Revised Amm Print Perfor I brank affer for Disasters/Emergencies Ty by Development Account Original Total Stimmate Cost I frank Perfor I brank affer for Print Account Original Total Stimmate Cost I frank Perfor Revised Amm Revised Amm Stimute Stimute Stim	g Authority of the Capture Type and Number Capture The Program Grant No: CT26S003501-09 Replacement for Program Grant No: CT26S003501-09 Statement Construction No. 2 Date of CFPP. Statement (revision no. 2 Date of CFPP. Statement (revision no. 2 Date of CFPP. Statement (revision no. 2 Date of CFPP. No. 2 Date

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Office of Public and Indian Housing OMB No. 2577-0226

Hartford 24 23 22 21 25 20 19 18ba Part I: Summary Signature of Executive Director Housing Authority of the City of 18a Line PHA Name: Type of Grant \times Performance and Evaluation Report for Period Ending: 6/30/10 **Original Annual Statement** Summary by Development Account Amount of line 20 Related to Energy Conservation Measures 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: Date of CFFP: Payment □ Reserve for Disasters/Emergencies Date \$5,060,163.00 Original **Signature of Public Housing Director fotal Estimated Cost** \$5,060,163.00 Revised ² Revised Annual Statement (revision no: 3 Final Performance and Evaluation Report FFY of Grant: 2009 FFY of Grant Approval: 2009 \$5,060,163.00 Obligated **Fotal Actual Cost** \$2,171,986.25 Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report. ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Page2

U.S. Department of Housing and Urban Development form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development form **HUD-50075.1** (4/2008)

Annual Statement/Performance and Evaluation Report

Page3

² To be completed for the Performance and Evaluation Report.

PHA Name: Housing Au	thority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26S003501-09	o: CT26S0035	501-09	Federal F	Federal FFY of Grant: 2009	6	
	CFFP (Replace	CFFP (Yes/ No): Replacement Housing Factor Grant No:	Brant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	yd Cost	Total Actual Cost	Jost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Central Office Management Fees	1410		\$506,016.00	\$506,016.00	\$506,016.00	\$211,012.08	
AMP 1, AMP 15, SS.	Design Services for the preparation of	1430		\$317,147.00	\$50,000.00	\$50,000.00		
1, 11, 111	and III Exterior and Site Improvements							
AMP 1, AMP 15, SS. I, II, III	Construction Management fees	1430		0.00	\$50,000.00	\$50,000.00	\$39,591.07	
AMP 15, SS I, II, III	Vacancy Preparation	1460		\$335,000.00	\$275,000.00	\$275,000.00		
AMP 6 Betty Knox,	Vacancy Preparation	1460			\$60,000.00	\$60,000.00	\$44,577.90	
Mary Mahoney Village Kent								
Apartment, Smith								
Tower								
AMP 24 Mary Shepard Place	Vacancy Preparation	1460		\$220,000.00	\$40,000.00	\$40,000.00		
AMP 6 Mary	Roof Replacement	1460		\$400,000.00	\$260,000.00	\$260,000.00	\$233,051.20	
Mahoney Village								
AMP 6 Betty Knox Apartments	Roof Replacement	1460		\$225,000.00	\$269,907.00	\$269,907.00		

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development

Annual Statement/Performance and Evaluation Report

Page4

² To be completed for the Performance and Evaluation Report.

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	impleted for the Performance and Evaluation Report or a Revised Annual Statement
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Part II: Supporting Pages	8							
PHA Name: Housing Authority of the City of Hartford	uthority of the City of	Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	nt No: CT26SC tor Grant No:	03501-09	Federal FF	Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ijor Development Account No.	Quantity	Total Estimated Cost	st	Total Actual Cost)st	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 6/Kent Apartments	Roof Replacement	1460		0.00	\$148,000.00	\$148,000.00	\$93,825.00	
AMP 15/Scattered	Exterior Improvements/Boiler	r 1460		\$1.901.000.00	\$1.554.147.00	\$1.554.147.00	\$1.172.983.00	
Sites II, III	Replacements							
AMP 6: Betty Knox	Masonry Repairs and	1460		\$361,000.00	\$0.00	\$0.00		
Apartments	Improvements							
AMP 1 Scattered Sites 1	Boiler Replacements	1460		0.00	\$287,093.00	\$287,093.00		
AMP 1, Scattered Sites I	Site Improvements	1450		0.00	\$500,000.00	\$500,000.00	\$226,946.00	
AMP 15/Scattered Sites II, III	Site Improvements	1450		0.00	\$910,000.00	\$910,000.00		
AMP 6 Mary Mahoney Village	Sidewalk Replacements	1450		\$100,000.00	\$150,000.00	\$150,000.00	\$150,000.00	
AMP 6: Marv	Completion of Exterior	1450		\$150.000.00	\$0.00	\$0.00		
Shepard Place	Improvements							
AMP 6: Betty Knox	Site and Lighting Improvements	nts 1450		\$150,000.00	\$0.00	\$0.00		
Apartments								

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartf	òrd			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds Expend (Quarter Ending D	All Funds Expended Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	3/17/10		3/17/12		
PHA Wide	3/17/10		3/17/12		
	3/17/10		3/17/12		
AMP 1, AMP 15, SS. I, II, III	3/17/10		3/17/12		
AMP 6	3/17/10		3/17/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ity of the City of Hartf	Financing Program ord			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program	Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Annual Statement/Performance and Evaluation Report
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Part I:	Part I: Summary				
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the Grant Type and Number City of Hartford Capital Fund Program Grant No: CT26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:	003501-10			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant	nnual Statement		⊠ Revised Annual Statement (revision no:1 ☐ Final Performance and Evaluation Report	sion no:1) on Report	
Line	Summary by Development Account	Total Es	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$441,537.00	\$258,054.00	\$258,054.00	
3	1408 Management Improvements	\$40,000.00	\$215,000.00	\$215,000.00	\$54,575.40
4	1410 Administration (may not exceed 10% of line 21)	\$266,537.00	\$258,054.00	\$258,054.00	
S	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$100,550.00	\$100,550.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$150,000.00	\$75,000.00		
10	1460 Dwelling Structures	\$1,626,746.00	\$1,633,882.00		
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$40,000.00	\$40,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				

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1499 Development Activities 4

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

18ba Line Signature of Executive Director 23 24 23 22 21 20 19 18a Housing Authority of the City of Type of Grant Hartford PHA Name: Performance and Evaluation Report for Period Ending: 6/30/10 Part I: Summary Original Annual Statement Summary by Development Account 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Replacement Housing Factor Grant No: Date of CFFP: Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 Payment Reserve for Disasters/Emergencies Date \$2,665,370.00 Original Total Estimated Cost **Signature of Public Housing Director** \$2,580,540.00 Revised ² \boxtimes Revised Annual Statement (revision no: 1 Final Performance and Evaluation Report FFY of Grant Approval: 2010 FFY of Grant:2010 \$731,108.00 Obligated Total Actual Cost ¹ \$54,575.40 Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

N . H 2								
PHA Name: Housing Au	thority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 CFFP (Yes/ No):	5: CT26P0035	01-10	Federal F	Federal FFY of Grant: 2010	0	
	Replacen	Replacement Housing Factor Grant No:	rant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	lost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Operations	1406		\$90,000.00	\$43,000.00	\$43,000.00		
AMP 6	Operations	1406		\$108,310.00	\$27,000.00	\$27,000.00		
AMP 15	Operations	1406		\$243,227.00	\$188,054.00	\$188,054.00		
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$40,000.00	\$215,000.00	\$215,000.00	\$54,575.40	
PHA Wide	Central Office Management Fees	1410		\$266,537.00	\$258,054.00	\$258,054.00		
AMP 6: Smith Tower,	A&E Fees for Common Area Improvements	1430		\$35,000.00	\$35,000.00			
AMP 1 and AMP 15Adams St. Scattered	A& E Fees for Window Replacement	1430		\$40,000.00	\$40,000.00			
Sites I,II,III								
AMP 24: Mary	A& E Fees for Landscaping,	1430		\$25,550.00	\$25,550.00			
Shepard Place	Sidewalks, parking, fencing and exterior lighting							

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

PHA Name: Housing Authority of the City of Hartford	thority of the City of	Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ber Brant No: CT26P00 actor Grant No:	93501-10	Federal FFY	Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork Development Account No.	t Quantity	Total Estimated Cost	l Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised	Funds Ohlioated ²	Funds Exnended ²	
AMP 6 Mary Shepard Place	Completion of landscaping, sidewalks, parking, fencing and exterior lighting	1450		\$150,000.00	\$75,000.00			
AMP 1, AMP 15:Adams St. Scattered Sites I.II.III.	Window Replacement	1460		\$1,376,746.00	\$1,633,882.00			
AMP 6 Smith Tower,	Common Area Improvements. Interior Hallways and Lobby	1460		\$250,000.00	\$250,000.00			
AMP 1	Non Dwelling Equipment(Snow Removal Equipment	1475		\$10,000.00	\$10,000.00			
AMP 6	Non Dwelling Equipment (Snow Removal Equipment	w 1475		\$10,000.00	\$10,000.00			
AMP 15	Non Dwelling Equipment (Ford F- 250 Pickup)	F- 1475		\$20,000.00	\$20,000.00			

volor. Statement.

 2 To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ity of the City of Hart	Financing Program ford			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	8/17/2012		8/17/2014		
AMP 1,	8/17/2012		8/17/2014		
AMP 6	8/17/2012		8/17/2014		
AMP 15	8/17/2012		8/17/2014		
AMP 24	8/17/2012		8/17/2014		

						Expires 4/30/2011
Part I: S	Part I: Summary					
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 Replacement Housing Factor Grant No: Date of CFFP:	003501-11			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant	Type of Grant Original Annual Statement Reserve for Disas Parformance and Evaluation Report for David Endiant	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: Final Performance and Evaluation Report	ision no:) fon Report	
Line	Summary by Development Account	Account	Total F	Total Estimated Cost		Total Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	eed 20% of line 21) ³	\$258,054.00			
ω	1408 Management Improvements	onts	\$40,000.00			
4	1410 Administration (may not exceed 10% of line 21)	exceed 10% of line 21)	\$258,054.00			
S	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		\$150,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement		\$361,000.00			
10	1460 Dwelling Structures		\$1,473,432.00			
11	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	7	\$40,000.00			
14	1485 Demolition					
15	1492 Moving to Work Demonstration	stration				
16	1495.1 Relocation Costs					

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1499 Development Activities 4

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Housing Authority of the City of Hartford 23 25 24 22 21 20 18ba Line Signature of Executive Director 19 Original Annual Statement 18a Type of Grant PHA Name: Part I: Summary Performance and Evaluation Report for Period Ending: Summary by Development Account Amount of line 20 Related to Section 504 Activities 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of Annual Grant:: (sum of lines 2 - 19) Amount of line 20 Related to LBP Activities 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 Replacement Housing Factor Grant No: Date of CFFP: Payment Reserve for Disasters/Emergencies Date \$2,580,540.00 Original Total Estimated Cost **Signature of Public Housing Director** Revised ² □ Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2011 FFY of Grant:2011 Obligated Total Actual Cost Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Part II: Supporting Pages	-							
PHA Name: Housing Au	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: CT26P0035 }rant No:	01-11	Federal	Federal FFY of Grant: 2011	011	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Operations	1406		\$58,054.00				
AMP 6	Operations	1406		\$100,000.00				
AMP 15	Operations	1406		\$100,000.00				
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	3 1408		\$40,000.00				
PHA Wide	Central Office Management Fees	1410		\$258,054.00				
AMP 6	A&E Fees and Costs	1430		\$125,000.00				
AMP 15 Scattered Sites I	A& E Fees and Costs	1430		\$25,000.00				
AMP 15. Scattered Site I	Replace Retaining wall at Park Street	1450		\$361,000.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 2 To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

PHA Name: Housing Authority of the City of Hartford	thority of the City of	Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	t No: CT26P00 r Grant No:	3501-11	Federal I	Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ork Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 6 Kent Apartments	Common Area Improvements	1460		\$250,000.00				
AMP 6. Mary Mahoney Village	Window and Exterior Door Replacement	1460		\$548,432.00				
AMP 6 Betty Knox	Replace Cabinets and Countertops	s 1460		\$675,000.00				
npatununo								
AMP 1	Non Dwelling Equipment (Lawn Care Equipment)	1475		\$15,000.00				
AMP 6	Non Dwelling Equipment(Lawn Care Equipment)	1475		\$15,000.00				
AMP 15	Non Dwelling Equipment(Maintenance Tools and Power Tool Equipment	nd 1475		\$10,000.00				

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ty of the City of Hartf	ord			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fundi (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	7/17/2013		7/17/2015		
AMP 1,	7/17/2013		7/17/2015		
AMP 6	7/17/2013		7/17/2015		
AMP 15	7/17/2013		7/17/2015		
AMP 24	7/17/2013		7/17/2015		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part I: Summary	hummary				
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the City of Hartford Canital Fund Program Grant No:				FFY of Grant: 2003 FFY of Grant Approval: 2003
	Replacement Housing Factor Grant No: CT26R003502-03 Date of CFFP:	CT26R003502-03			
Type of G	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statemen	Statement (revision no:	
L renu	Summon: by Development Account	To	Total Fefimated Cost		Total Actual Cost ¹
ALC: NO		Original	Revised ²	Obligated	Expended
	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling EquipmentNonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	\$2,725,563.00		\$2,725,563.00	\$454,443.49

\$2,725,563.00

\$2,725,563.00

\$454,443.49

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

						Expires 4/30/2011
Part I: Summary	UV					
PHA Name: Housing Authority of the City of Hartford	W Grant Type and Number Capital Fund Program Grant No: Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-03 Date of CFFP:			FFY	FFY of Grant:2003 FFY of Grant Approval: 2003	
Type of Grant						
Original Annual Statement	nual Statement Reserve for Disasters/Emergencies	icies		Revised /	Revised Annual Statement (revision no:	J
Performance	Performance and Evaluation Report for Period Ending: 6/30/10			Final P	☐ Final Performance and Evaluation Report	
Line Sum	Summary by Development Account	To	Total Estimated Cost	Cost	Total A	Total Actual Cost ¹
		Original		Revised ²	Obligated	Expended
18a 1501	1501 Collateralization or Debt Service paid by the PHA					
18ba 9000	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19 1502	1502 Contingency (may not exceed 8% of line 20)					
20 Amou	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,725,563.00			\$2,725,563.00	\$454,443.49
21 Amo	Amount of line 20 Related to LBP Activities					
22 Amo	Amount of line 20 Related to Section 504 Activities					
23 Amo	Amount of line 20 Related to Security - Soft Costs					
24 Amou	Amount of line 20 Related to Security - Hard Costs					
25 Amo	Amount of line 20 Related to Energy Conservation Measures					
Signature of E	Signature of Executive Director Date		Signature of Public		Housing Director	Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

n . n .								
PHA Name: Housing Aut	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-03	o: brant No: CT26	R003502-03	Federal	Federal FFY of Grant: 2003		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	st	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court	1499		\$2,725,563.00		\$2,725,563.00		
								_

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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(4/2008)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part II: Supporting Pages						- D- 1 1 D	TTV - 6 (3	
PHA Name: Housing Auth	PHA Name: Housing Authority of the City of Hartford	Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-03	unt No: CT26R	003502-03	Federal F	Federal FFY of Grant: 2003	03	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Sost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
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							na mana ang kang kang kang kang kang kang ka		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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	an a				
Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ity of the City of Hartf	ord Program			Federal FFY of Grant: 2003
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		07/30/2011		

¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

				A MARKAN MARKANA MANANA MA	Expires 4/30/2011	110
Part I: Summary	ummary					
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the Grant Type and Number City of Hartford Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-04 Date of CEEP. Date of CEEP.	T26R003502-04			FFY of Grant: 2004 FFY of Grant Approval: 2004	~
Type of G						
Original A	Prior Grant Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	revision no:)	
Perfor	Performance and Evaluation Report for Period Ending: 6/30/10		Final Performance and Evaluation Report	aluation Report		
Line	Summary by Development Account	Tot	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended	
,	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling EquipmentNonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					

17

1499 Development Activities '

\$3,189,406.00

\$3,189,406.00

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program	Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Annual Statement/Performance and Evaluation Report
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					A NOT A DESCRIPTION OF
Date	Housing Director	Signature of Public Hous	12 22 1 $31g$	Contract of the second se	Signature of Executive Director
			_	Energy Conservation Measures	25 Amount
				Amount of line 20 Related to Security - Hard Costs	
				Amount of line 20 Related to Security - Soft Costs	
				Amount of line 20 Related to Section 504 Activities	
				Amount of line 20 Related to LBP Activities	
	\$3,189,406.00		\$3,189,406.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amount
				1502 Contingency (may not exceed 8% of line 20)	19 1502 Cc
				Payment	
				9000 Collateralization or Debt Service paid Via System of Direct	18ba 9000 Cc
				1501 Collateralization or Debt Service paid by the PHA	18a 1501 Cc
Expended	Obligated	Revised ²	Original		
Total Actual Cost ¹	Total	Total Estimated Cost	Tota	Summary by Development Account	Line Summa
] Final Performance and Evaluation Report	🗌 Fina		Performance and Evaluation Report for Period Ending: 6/30/10	Performance a
J	Revised Annual Statement (revision no:	C Revis	ncies	al Statement	Original Annual Statement
					Type of Grant
	FFY of Grant Approval: 2004	F		Capital Fund Program Grant No: Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-04 Date of CFFP:	Housing Authority of the City of Hartford
	FFY of Grant:2004	F			PHA Name:
				/	Part I: Summary
Expires 4/30/2011					

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Part II: Supporting Pages									
PHA Name: Housing Au	hority of the City of Hartford	Grant T Capital F CFFP (Y Replace)	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-04	lo: Brant No: CT26	R003502-04	Federal I	Federal FFY of Grant: 2004	4	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	st	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court		1499		\$3,189,406.00		\$3,189,406.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: Housing Aut	PHA Name: Housing Authority of the City of Hartford	Grant Tyj Capital Fu CFFP (Ye Replaceme	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-04	: ant No: CT26R	003502-04	Federal J	Federal FFY of Grant: 2004	4	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Čost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
			ny serie de se bande de la referencie de la contra de la c						

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 2 To be completed for the Performance and Evaluation Report.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartf	ord			Federal FFY of Grant: 2004
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		1/9/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

							Expires 4/30/2011
Part I: Summary	ummary						
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the Grant Type and Number City of Hartford Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-05 Date of CFFP: Date of CFFP:	CT26R003502-05				FFY o FFY o	FFY of Grant: 2005 FFY of Grant Approval: 2005
Type of G	Type of Grant			Revised Annual Statement (revision no:	ion no:)		
	Commence and astronomical and a second secon		Thatal Dette	and the second s		Total Antina	C~+1
Line	Summary by Development Account	-	Total Estin	Total Estimated Cost		Total Actual Cost	Cost
		Original		Revised ²	Obligated	Е	Expended
بسمر ا	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
ω	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	14.30 Fees and Costs						
8	1440 Site Acquisition						
6	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment-Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						

17

1499 Development Activities

\$2,952,824.00

\$2,952,824.00

¹ To be completed for the Performance and Evaluation Report. ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Date	Director	Signature of Public Housing Director		Signature of Executive Director Date	Signature of Ex
				Amount of line 20 Related to Energy Conservation Measures	25 Amoun
				Amount of line 20 Related to Security - Hard Costs	24 Amoun
				Amount of line 20 Related to Security - Soft Costs	23 Amoun
				Amount of line 20 Related to Section 504 Activities	22 Amoun
				Amount of line 20 Related to LBP Activities	21 Amoun
	\$2,952,824.00		\$2,952,824.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amoun
				1502 Contingency (may not exceed 8% of line 20)	19 1502 C
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 C
				1501 Collateralization or Debt Service paid by the PHA	18a 1501 C
Expended	Obligated	Revised ²	Original		
Total Actual Cost ¹	Total Ac	Total Estimated Cost	Total Esti	Summary by Development Account	Line Summ
ort	Final Performance and Evaluation Report			Performance and Evaluation Report for Period Ending: 6/30/10	Performance a
)	Revised Annual Statement (revision no:	Revised A:	es	ual Statement	Original Annual Statement
					Type of Grant
	FFY of Grant Approval: 2005	FFY o		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-05 Date of CFFP:	Housing Authority of the City of Hartford
	FFY of Grant:2005	FFY o			Part I: Summary PHA Name:
Expires 4/30/2011					

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages	_	ž	и и и	n ser an de ser de ser de ser an an an de se					
PHA Name: Housing Au	PHA Name: Housing Authority of the City of Hartford	Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-05	o: irant No: CT26	R003502-05	Federal]	Federal FFY of Grant: 2005		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	st	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court		1499		\$2,952,824.00		\$2,952,824.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: Housing Auth	PHA Name: Housing Authority of the City of Hartford	Grant Ty Capital Fu CFFP (Ye Replaceme	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-05	ant No: CT26R	.003502-05	Federal F	Federal FFY of Grant: 2005	05	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hart	ford			Federal FFY of Grant: 2005
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		1/9/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.
Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

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 Type of Grant
 Image: Construct of the second se 14 9 7 6 ω 2 17 16 5 13 12 10 Part I: Summary Line City of Hartford PHA Name: Housing Authority of the Summary by Development Account 1492 Moving to Work Demonstration 1485 Demolition 1475 Non-dwelling Equipment 1470 Non-dwelling Structures 1450 Site Improvement 1440 Site Acquisition 1430 Fees and Costs 1415 Liquidated Damages 1411 Audit 1410 Administration (may not exceed 10% of line 21) 1408 Management Improvements 1406 Operations (may not exceed 20% of line 21)³ Total non-CFP Funds 1499 Development Activities 1465.1 Dwelling Equipment-Nonexpendable 1460 Dwelling Structures 1495.1 Relocation Costs Replacement Housing Factor Grant No: CT26R003502-06 Date of CFFP: **Grant Type and Number** Capital Fund Program Grant No: \$3,697,239.00 Original **Total Estimated Cost** ☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report Revised² Obligated \$3,697,239.00 Total Actual Cost 1 FFY of Grant: 2006 FFY of Grant Approval: 2006 Expended Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations. [†] RHF funds shall be included here.

Capital Fund Financing Program	Capital Fund Program, Capital Fund Program Replacement Housing Factor and	Annual Statement/Performance and Evaluation Report
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Housing Authority of the City of Hartford 23 24 123 21 22 20 18ba Line Signature of Executive Director 19 Type of Grant 18a PHA Name: Part I: Summary Performance and Evaluation Report for Period Ending: 6/30/10 Summary by Development Account Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of Annual Grant:: (sum of lines 2 - 19) 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-06 Date of CFFP: Payment □ Reserve for Disasters/Emergencies Date \$3,697,239.00 Original **Fotal Estimated Cost** Signature of Public Housing Director Revised² Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2006 FFY of Grant:2006 \$3,697,239.00 Obligated Total Actual Cost Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Au	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No):	0:	- - - - - - - - - - - - - - - - - - -	Federal I	Federal FFY of Grant: 2006	6	
	Repla	Replacement Housing Factor Grant No: CT26R003502-06	Brant No: CT26	R003502-06				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	ost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court	1499		\$3,697,239.00		\$3,697,239.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Office of Public and Indian Housing	U.S. Department of Housing and Urban Development
	Office of Public and Indian Housin

Part II: Supporting Pages			Y						
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grar CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-06	it No: CT26R	003502-06	Federal	Federal FFY of Grant: 2006	6	
_		_							2
Development Number Genera Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	tted Cost	Total Actual Cost	Jost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	and a many service of the								

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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	Expires 4/30/2011	OMB NO. 23/7-0220
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Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ity of the City of Hartf	Financing Program ord			Federal FFY of Grant: 2006
PHA Name: Housing Author	ity of the City of Harti	ord			Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		1/9/2012		

¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

							Expires 4/30/2011
Part I: S	Part I: Summary						
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-07 Date of CFFP:	126R003502-07				FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of G	Type of Grant	Reserve for Disasters/Emergencies			Revised Annual Statement (revision no:	on no:)	
Line	Line Summary by Development Account	ocount		Total Estimated Cost	ted Cost		Fotal Actual Cost ¹
			Original	R	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	eed 20% of line 21) ³					
3	1408 Management Improvements	onts					
4	1410 Administration (may not exceed 10% of line 21)	exceed 10% of line 21)					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
6	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	Nonexpendable					
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment	~					
14	1485 Demolition						
15	1492 Moving to Work Demonstration	stration					
16	1495.1 Relocation Costs			·			

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1499 Development Activities

\$3,863,626.00

\$3,863,626.00

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Signature of	25 Am	24 Am	23 Am	22 Am	21 Am	20 Am	19 150	18ba 9000	18a 150		Line Sun	Performanc	Type of Grant	Housing Authority of the City of Hartford	Part I: Summary		Annual Staten Capital Fund I Capital Fund]
Signature of Executive Director / Da	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	e of Grant Original Annual Statement	ty Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-07 Date of CFFP:			Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program
Datr ZUU/2018 Signat						\$ 3,863,626.00			-	Original	Total Estin		ncies		والمراقع والمراقع والمراقع والمراقع المراقع والمراقع والمراقع والمراقع والمراقع والمراقع والمراقع والمراقع والم	والمتعادية والمتعادية والمحاجب والمحاجب والمحاجب والمحاجب والمحاج فأواله والمحاجب والمحاجب والمحاجب والمحاجب والمحاجب	or and
Signature of Public Housing Director										Revised ²	Total Estimated Cost	🗌 Dinal J	🗌 Revise	ED.	FF		
ing Director						\$3,863,626.00	and a second			Obligated] Final Performance and Evaluation Report] Revised Annual Statement (revision no:	FFY of Grant Approval: 2007	FFY of Grant:2007		U.S. Department of Hous Office of
Date			an and a second s	ويستعلمه والمحالي والمحالية و						Hxpended	Total Actual Cost						U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 ⁴ RHF funds shall be included here.

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Part II: Supporting Pages PHA Name: Housing Aut	hority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-07	D: rant No: CT26	R003502-07	Federal F	Federal FFY of Grant: 2007	7	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	1 Cost	Total Actual Cost	st	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court	1499		3,863,626.00		\$3,863,626.00		
								_

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Expires 4/30/2011	OMB No. 2577-0226	Office of Public and Indian Housing	U.S. Department of Housing and Urban Development
)/2011	7-0226	Housing	lopment

Part II: Supporting Pages PHA Name: Housing Auth	Part II: Supporting Pages PHA Name: Housing Authority of the City of Hartford	Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-07	ant No: CT26R	003502-07	Federal F	Federal FFY of Grant: 2007	07	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	Sost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			· · · · · · · · · · · · · · · · · · ·
PHA Name: Housing Authority of the City of Hartford	ty of the City of Hartf	ord			Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		1/9/2012		
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

1					Expires 4/30/2011
Part I:	Part I: Summary				
PHA Name: Hou City of Hartford	g Authority of the				FFY of Grant: 2008 FFY of Grant Approval: 2008
	Replacement Housing Factor Grant No: CT26R003501-08 Date of CFFP:	T26R003501-08			
Type of Grant	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	nent (revision no:)	
Perfo	n Report f		Final Performance and Evaluation Report	nd Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated	Expended
	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
S	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
∞	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling EquipmentNonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				

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1499 Development Activities

\$233,620.00

\$233,620.00

\$233,620.00

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Date	Director	Signature of Public Housing Director	, , , , , , , , , , , , , , , , , , , 	Signature of Executive Director Date	Signature of E
				Amount of line 20 Related to Bnergy Conservation Measures	25 Amou
				Amount of line 20 Related to Security - Hard Costs	24 Amou
				Amount of line 20 Related to Security - Soft Costs	23 Amou
				Amount of line 20 Related to Section 504 Activities	22 Amou
				Amount of line 20 Related to LBP Activities	21 Amou
\$233,620.00	\$233,620.00		\$233,620.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amou
				1502 Contingency (may not exceed 8% of line 20)	19 1502
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000
				1501 Collateralization or Debt Service paid by the PHA	18a 1501
Expended	Obligated	Revised ²	Original		
Total Actual Cost ¹	Total A	Total Estimated Cost	Tc	Summary by Development Account	Line Sum
	Final Performance and Evaluation Report	Final Pe		Performance and Evaluation Report for Period Ending: 6/30/10	Performance
Ų	Revised Annual Statement (revision no:	Revised A	ties	Original Annual Statement	Original Anr
					Type of Grant
	FFY of Grant Approval: 2008	FFY		 Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-08 Date of CFFP: 	FINA Name: Housing Authority of the City of Hartford
	r C			ry	Part I: Summary
Expires 4/30/2011					

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Development Number Name/PHA-Wide General Description of Major V Categories Activities Redevelopment of Stowe Village CT00300001 Redevelopment of Stowe Village	General Description of Major Work	Vork Development Quantity Total Estination Account No. Image: Account No. Original 1499 \$233,620.	Quantity 7	00 nate	- be	Total Actual Cost Funds Fu Obligated ² Ex \$233,620.00 \$2	Sost Funds Expended ² \$233,620.00	Status of Work
001		1499		0.00		Funds Obligated ² \$233,620.00	Funds Expended ² \$233,620.00	
		1499		\$233,620.00		\$233,620.00	\$233,620.00	
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part II: Supporting Pages PHA Name: Housing Auth	Part II: Supporting Pages PHA Name: Housing Authority of the City of Hartford	Grant Tyj Capital Fu	Grant Type and Number Capital Fund Program Grant No:			Federal F	Federal FFY of Grant: 2008	80	
		Capital Fu CFFP (Ye Replaceme	Capital Fund Flogrant Grant No. CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003501-08	ant No: CT26R	003501-08				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	Ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

² To be completed for the Performance and Evaluation Report.

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartf	ord			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		7/30/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartf	ord			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
			an international and a second seco		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and

								Expires 4/30/2011
Part I: Summary	ummary							
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-08 Date of CFFP: 6/30/10	CT26R003502-08				FFY	FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant	Type of Grant 🕅 Original Annual Statement	Reserve for Disasters/Emergencies			Revised Annual Statement (revision no:	ision no:	_	
Perfor	Performance and Evaluation Report for Period Ending:	rt for Period Ending:			Final Performance and Evaluation Report	tion Report		
Line	Summary by Development Account	Account		Total Estir	Total Estimated Cost		Total Actual Cost ¹	ial Cost ¹
			Original		Revised ²	Obligated		Expended
-	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) 3	xceed 20% of line 21) ³						
3	1408 Management Improvements	nents						
4	1410 Administration (may not exceed 10% of line 21)	ot exceed 10% of line 21)						
S	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
∞	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment-Nonexpendable	Nonexpendable						
12	1470 Non-dwelling Structures	8						
13	1475 Non-dwelling Equipment	ent						
14	1485 Demolition							
15	1492 Moving to Work Demonstration	onstration						
16	1495.1 Relocation Costs							

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1499 Development Activities

\$1,442,073.00

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Signature of Executive Director 25 24 23 22 21 20 19 18ba Line of the City of 18a Type of Grant Original Annual Statement Housing Authority Hartford PHA Name: Part I: Summary Performance and Evaluation Report for Period Ending: 6/30/10 Summary by Development Account 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1501 Collateralization or Debt Service paid by the PHA 1502 Contingency (may not exceed 8% of line 20) **Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-08 Date of CFFP: Payment □ Reserve for Disasters/Emergencies Date \$1,442,073.00 Original Total Estimated Cost Signature of Public Housing Director Revised² Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2008 FFY of Grant:2008 Obligated **Total Actual Cost** Expires 4/30/2011 Expended Date

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¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

								Original Revised Funds Obligated ²	Development NumberGeneral Description of Major WorkDevelopmentQuantityTotal Estimated CostTotal Actual CostName/PHA-WideCategoriesAccount No.Account No.Image: CategoriesImage: Cate	Part II: Supporting Pages PHA Name: Housing Authority of the City of Hartford Grant Type and Number Federal FFY of Grant: 2008 Capital Fund Program Grant No: CFFP (Yes/ No): Federal FFY of Grant: 2008 Replacement Housing Factor Grant No: CT26R003502-08 Federal FFY of Grant: 2008
										Federal FFY of Grant: 20
								Funds Expended ²	Cost Status of Work	8

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages		2							
PHA Name: Housing Auth	PHA Name: Housing Authority of the City of Hartford	Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-08	ant No: CT26R	003502-08	Federal F	Federal FFY of Grant: 2008	80	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	tted Cost	Total Actual Cost	Sost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Harti	ford			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	dule for Capital Fund ty of the City of Hart	Financing Program ford			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Func (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part I: Summary	ummary					
PHA Name: Hou City of Hartford	sing Authority of the	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-09 Date of CFFP:	CT26R003502-09			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant	nnual Statement	Reserve for Disasters/Emergencies or Period Ending: 6/30/10		Revised Annual Statement (revision no: Final Performance and Evaluation Report	revision no: aluation Report)
Line	Summary by Development Account	count	1	Total Estimated Cost		Total Actual Cost ¹
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	d 20% of line 21) ³				
3	1408 Management Improvements	8				
4	1410 Administration (may not exceed 10% of line 21)	(ceed 10% of line 21)				
S	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment-Nonexpendable	onexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration	ation				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4		\$1,078,882.00			

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

24 22 21 20 18a Signature of Executive Director 25 23 19 18ba Type of Grant of the City of **Housing Authority** PHA Name: Line Hartford Part I: Summary Performance and Evaluation Report for Period Ending: 6/30/10 Summary by Development Account Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 9000 Collateralization or Debt Service paid Via System of Direct 1501 Collateralization or Debt Service paid by the PHA Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs 1502 Contingency (may not exceed 8% of line 20) Replacement Housing Factor Grant No: CT26R003502-09 Date of CFFP: **Grant Type and Number** Capital Fund Program Grant No: Payment □ Reserve for Disasters/Emergencies Date \$1,078,882.00 Original **Fotal Estimated Cost** Signature of Public Housing Director Revised ² Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant:2009 FFY of Grant Approval: 2009 Obligated Total Actual Cost Expires 4/30/2011 Expended Date

22/10

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

" RHF funds shall be included here.

Part II: Supporting Pages PHA Name: Housing Aut	Part II: Supporting Pages PHA Name: Housing Authority of the City of Hartford	Grant Ty	pe and Number			Federal I	Federal FFY of Grant: 2009	09	
PHA Name: Housing Aut	nority of the City of Hartford	Capital Fu Capital Fu CFFP (Ye Replacem	Capital Fund Program Grant No: Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CTR003502-09): rant No: CTR0	03502-09	regeral I	er or Grani: 20	Ū,	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
			1499		\$1,078,882.00				
									-

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages	_) J	X					6	
PHA Name: Housing Auth	PHA Name: Housing Authority of the City of Hartford	Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CTR003502-09	ant No: CTR00	3502-09	Federal I	Federal FFY of Grant: 2009	90	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	lost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Page4

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	edule for Capital Fund ty of the City of Hartf	Financing Program Ord			Federal FFV of Grant: 2009
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	schule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hartf	ord			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

						Expires 4/30/2011
Part I: Summary	Summary					
PHA Name: Hou City of Hartford	PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003504-09 Date of CFFP: 6/30/10	r26R003504-09			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant ⊠ Original Ar	nual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	vision no:)
Perfor	Performance and Evaluation Report for Period Ending: 6/30/10	t for Period Ending: 6/30/10		Final Performance and Evaluation Report	uation Report	
Line	Summary by Development Account	Account	Total	Total Estimated Cost		Total Actual Cost ¹
			Original	Revised ²	Obligated	Expended
рt	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	ceed 20% of line 21) ³				
ω	1408 Management Improvements	lents				
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)				
S	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
∞	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment-Nonexpendable	Nonexpendable				
12	1470 Non-dwelling Structures	S				
13	1475 Non-dwelling Equipment	nt				
14	1485 Demolition					
15	1492 Moving to Work Demonstration	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4	4	\$808,111.00			

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

24 23 Signature of Executive Director 25 22 21 20 19 18ba Line Type of Grant Original Annual Statement Housing Authority of the City of 18a Part I: Summary Hartford PHA Name: Performance and Evaluation Report for Period Ending: 6/30/10 Summary by Development Account 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy/Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) Amount of line 20 Related to Security - Soft Costs 1502 Contingency (may not exceed 8% of line 20) 1501 Collateralization or Debt Service paid by the PHA Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003504-09 Date of CFFP: Payment □ Reserve for Disasters/Emergencies Date 22 \$808,111.00 Original Total Estimated Cost Signature of Public Housing Director Revised ² Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2009 FFY of Grant:2009 Obligated **Total Actual Cost** Expires 4/30/2011 Expended Date

¹ To be completed for the Performance and Evaluation Report.
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 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Development Number Name/PHA-Wide General Description of Major Work Categories Development Account No. Quantity Total Estimated Cost Total Actual Cost Activities Categories Account No. Original Revised Funds Funds Funds Funds Funds Expended ² Expended ² Funds Stated ² Funds Expended ² Funds Funds </th <th>PHA Name: Housing Authority of the City of Hartford Grant Type and Number Federal FFY of Grant: 2009 Capital Fund Program Grant No: CFFP (Yes/ No): Federal FFY of Grant: 2009 Replacement Housing Factor Grant No: CT26R003504-09 Federal FFY of Grant: 2009</th> <th>Part II: Summarting Pages</th>	PHA Name: Housing Authority of the City of Hartford Grant Type and Number Federal FFY of Grant: 2009 Capital Fund Program Grant No: CFFP (Yes/ No): Federal FFY of Grant: 2009 Replacement Housing Factor Grant No: CT26R003504-09 Federal FFY of Grant: 2009	Part II: Summarting Pages
I Cost Funds Expended ²	2009	
Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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Office of Public and Indian Housing	U.S. Department of Housing and Urban Development
	Office of Public and Indian

Part II: Supporting Pages		2				1			
PHA Name: Housing Authority of the City of Hartford		Grant Type and Capital Fund Proj CFFP (Yes/ No): Replacement Hot	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003504-09	ant No. CT26R	003504-09	Federal	Federal FFY of Grant: 2009	60	
		,							
Development Number Name/PHA-Wide	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds	Funds	
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hart	ord			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
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¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Canital Fund Financing Program	odulo for Canital Fund	Kinancino Program	na na mining a barang na mang n		
PHA Name: Housing Authority of the City of Hartford	ity of the City of Hart	ford			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
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¹Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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						Expires 4/30/2011
Part I: Summary	Summary					
PHA Name: Hou City of Hartford	sing Authority of the	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-10 Date of CFFP:	26R003502-10			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of G ⊠ Origir	Type of Grant	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	ent (revision no:)
Perfor	n Report f	od Ending: 6/30/10		Final Performance and Evaluation Report	I Evaluation Report	
Line	Summary by Development Account			Total Estimated Cost		Total Actual Cost ¹
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	of line 21) ³				
ω	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
Γ	1430 Fees and Costs					
∞	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures			-		
11	1465.1 Dwelling Equipment—Nonexpendable	endable				
12	1470 Non-dwelling Structures				-	
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					

17

1499 Development Activities

\$374,842.00

\$374,842.00

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Line 24 23 22 21 20 18ba 18a Signature of Executive Director 33 19 Type of Grant
Original Annual Statement Hartford of the City of Housing Authority PHA Name: Part I: Summary Performance and Evaluation Report for Period Ending Summary by Development Account 9000 Collateralization or Debt Service paid Via System of Direct Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to LBP Activities Amount of Annual Grant:: (sum of lines 2 - 19) 1501 Collateralization or Debt Service paid by the PHA 1502 Contingency (may not exceed 8% of line 20) Replacement Housing Factor Grant No: CT26R003502-10 Capital Fund Program Grant No: Grant Type and Number Date of CFFP: Payment Reserve for Disasters/Emergencies 122/10 \$374,842.00 Original Signature of Public Housing Director **Cotal Estimated Cost** Revised ² Revised Annual Statement (revision no: Final Performance and Evaluation Report FFY of Grant Approval: 2010 FFY of Grant:2010 \$374,842.00 Obligated Total Actual Cost¹ Expires 4/30/2011 Expended Date

¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

Part II: Supporting Pages PHA Name: Housing Auth	Part II: Supporting Pages PHA Name: Housing Authority of the City of Hartford	Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-10	ant No: CT26F	2003502-10	Federal F	Federal FFY of Grant: 2010	10	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	lost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
			1499		\$374,842.00		\$374,842.00		
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages		!			a ser a ser a se a se a se a se a se a s				
PHA Name: Housing Autho	PHA Name: Housing Authority of the City of Hartford	Grant Type and Capital Fund Prog CFFP (Yes/ No):	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No):			Federal F	Federal FFY of Grant: 2010	10	
		Replacem	Replacement Housing Factor Grant No: CT26R003502-10	ant No: CT26R0)3502-10				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Sost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 2 To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Hartford	dule for Capital Fund ty of the City of Hartf	Financing Program ord			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Hartford	rity of the City of Hart	ford			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Func (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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PHA Certifications of Compliance with PHA Plans and Related Regulations

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \underline{X} 5-Year and/or \underline{X} Annual PHA Plan for the PHA fiscal year beginning 1/1/2011 hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

Previous version is obsolete

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Hartford PHA Name

CT-003 PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 2011 - 2015

X Annual PHA Plan for Fiscal Years 2011 - 2011

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official William M. Brown Signature William M. Korn Date 9/29/2010

Previous version is obsolete

Civil Rights Certification

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Hartford Housing Authority

CT003

PHA Name

PHA Number/HA Code

			he accompaniment herewith, is true and accurate. Warning: HUD will s. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Alan E. Green	Title	Executive Director
Signature		Date	12/23/10

1. Type of Federal Action:2. Status of Fedea. contracta. bidb. grantb. initial	ng activities pursuan ublic burden disclosu	t to 31 U.S.C. 1352	
d. loan e. loan guarantee f. loan insurance		year date of last repor	quarter t
4. Name and Address of Reporting Entity:	5. If Reporting En and Address of	tity in No. 4 is a Subawa Prime:	rdee, Enter Name
Congressional District, if known: ⁴ c 6. Federal Department/Agency: U. S. Department of Housing & Urban Development	7. Federal Program Housing Auth CT-003, 2011	District, if known: m Name/Description: nority of the City of (Agency Plan) f applicable:	
8. Federal Action Number, <i>if known</i> :	9. Award Amount \$, if known :	
10. a. Name and Address of Lobbying Registrant (<i>if individual, last name, first name, MI</i>):	b. Individuals Per different from N (last name, first		ng address if
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the fier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: Print Name:A1 Title: <u>Executive</u> Telephone No.:8		Date: <u>7/29/10</u>
Federal Use Only			d for Local Reproduction Form LLL (Rev. 7-97)

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Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name

Housing Authority of the City of Hartford

Program/Activity Receiving Federal Grant Funding

Agency Plan & 5-Year Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions. (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3	3802)	
Name of Authorized Official	Title	<u>, , , , , , , , , , , , , , , , , , , </u>
Alan E. Green	Executive Director	
Signature	Date (mm/dd/yyyy) 9/29/F0	
		form HUD 50071 (3/98)

Previous edition is obsolete

form HUD 50071 (3/98) ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Hartford

Program/Activity Receiving Federal Grant Funding

Agency Plan & 5-Year Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here If there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Tille
Alan E. Green	Executive Director
Signature X	Date 9/29/10
	form LILID EDDTA (200)